

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10596247

FILING DATE

07APR2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	2		/				
4	0		/				
5	0		/				
6	0		/				
7	0		/				
8	0		/				
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49							
50							
TOTAL IND.	1		1				
TOTAL DEP.	11	◀	10	◀			◀
TOTAL CLAIMS	12	[REDACTED]	11	[REDACTED]			[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							